

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	TJ		11-4-00
<b>O.I.P.E. CLASSIFIER</b>			11-200
<b>FORMALITY REVIEW</b>	S.B	DC 575	11-30-00
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date	
Final	Original	
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Claim	Date	
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If more than 150 claims or 10 actions  
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